

Temporary & Summer Dining/ Housing Employment Form for Ten-Month Employees

Employee ID:	_____	Record Number:	_____
Employee Name:	_____		
Department ID:	_____	Department Name:	_____
Employee's Class 1 Job Code:	_____	Class 1 Job Title:	_____
Class 1 Standard Hours Worked Per Week:	_____	Hourly Pay Equivalent: \$	_____
Class 1 Appt. Start Date	_____	Class 1 Regular Appt. End Date (10month should be 6/30):	_____
		Class 1 Layoff Date:	_____

	Job Code: 09999 , Dining-Housing Special/Temp and Summer Employment		
Hourly Pay: \$	_____		
Class 4 Start Date: (Cannot be prior to Class 1 Layoff Date):	_____	Class 4 End Date:	08/31/XX (Last possible day worked in this job code)
Department ID:	_____	Department Name:	_____
Class 4 Estimated Hours Worked Per Week:	_____		
Or, specify the days the employee will work:	_____		
Brief description of temporary summer job duties: Under guidance and supervision, performs general food service duties.			
In comparison to job duties of the employee's regular, Class 1 position is the summer work expected to be performed:			
Same:	<input type="checkbox"/>	Modified:	<input type="checkbox"/>
Different:	<input type="checkbox"/>		

The individual below has approved submission of this request form and certifies that the information in this document is accurate and complete.

Name of Supervisor (Print): _____

Signature of Supervisor: _____ Date: _____

Title: _____

Signature of Employee Accepting: _____ Date: _____